

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial

☒ Amendment (Explain) CHANGE OF HOME ADDRESS

Date Stamp

RWD
5/5/14 @
11:27am lib

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

ENGLEBRECHT, ROY

DAYTIME TELEPHONE NUMBER

(949) 235-6155

FAX NUMBER (optional)

(714) 492-7103

E-MAIL (optional)

STREET ADDRESS

2012 VISTA CASON

CITY

NEWPORT BEACH

STATE

CA

ZIP CODE

92660

OFFICE SOUGHT (POSITION TITLE)

CITY COUNCIL

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

OFFICE JURISDICTION

PARTY: REPUBLICAN

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County:

NEWPORT BEACH

(Name of Multi-County Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

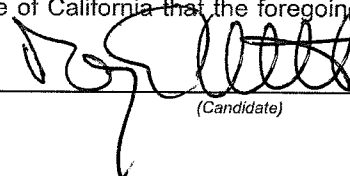
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

5-2-14

(month, day, year)

Signature



(Candidate)